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CONFIRMATION NO. 3032

Bib Data Sheet

SERIAL NUMBER 10/822,481	FILING DATE 04/12/2004 RULE	CLASS 119	GROUP ART UNIT 3643	ATTORNEY DOCKET NO. HOLTE1
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APPLICANTS

Debra L. Holte, Denver, CO;

** CONTINUING DATA *****

None STN

** FOREIGN APPLICATIONS *****

None STN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 06/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>STN</u> Initials	CO	4	25	2

ADDRESS

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TITLE

Orthopedic pet cushion

FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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